

New Era in VD Control

Statement by Vernon E. Wilson, M.D., Administrator, Health Services and Mental Health Administration, April 4, 1972.

AN ENTIRELY NEW ERA in venereal disease control began this year with the availability of an additional \$16 million in Federal monies for activities against gonorrhea and syphilis. For the first time in the nation's history we are mounting a nationwide campaign against gonorrhea. These efforts against gonorrhea will predictably also produce a sharp increase in the effectiveness of our current syphilis control activities.

Every State in the Union is included; a wide variety of health providers will deliver the necessary diagnostic and treatment services. State and local health departments, private physicians, "free clinics," voluntary health agencies, the nation's school systems, the news media, and many civic and services organizations will combine their talents as members of the largest disease control team ever mounted against any disease in the United States. Our objective in this is clear—to interrupt the transmission of gonorrhea and syphilis as rapidly and as broadly as possible.

The new campaign is based on four strategic elements:

1. Extension of diagnostic and treatment services so as to bring these services within the reach of all our citizens.
2. Obtaining culture specimens from large numbers of America's women to identify and treat those who are infected but don't know it.
3. Application of the methods of epidemiologic investigation to gonorrhea as has been done successfully in the past with syphilis.
4. Stimulating an educational campaign to provide awareness and information to three groups of Americans: (a) physicians, to alert them to the scope of the problem and the services available to them in managing patients with VD; (b) teenage school children, to acquaint them with the risks of venereal disease; and (c) people most likely to be at risk of exposure, to inform them of the symptoms of venereal disease and the available sources of treatment.

To implement this campaign, the individual States have already prepared project grant applications delineating plans for their respective roles in the national program. We are now in the process of final review of these plans, and grants will be awarded within the next few weeks so that activities may start immediately.

Let me briefly enumerate some of our expectations for the coming year in quantitative terms. By July 1973, our efforts against gonorrhea will result in:

1. Obtaining the culture specimens of 2 million women of whom 120,000 predictably will be infected; they will be treated and cured.

2. Treating and curing 400,000 male patients with symptomatic gonorrhea. Some 360,000 contacts will be identified. Of these, 130,000 will be found infected; they will be treated and cured. The other 230,000 will also be treated as they are known to be exposed; this treatment will prevent their developing gonorrhea.

In addition, we can anticipate what appears to be an *increase* in the incidence of gonorrhea. I wish to make clear at the outset that our activities during the coming year will uncover many previously unknown cases of gonorrhea. Thus the reported incidence of the disease will rise in the next year. I cannot predict with any certainty the time when the curve will turn down.

In the meantime, our accelerated activities will result in the following gains against syphilis:

1. Thirty-seven thousand patients with syphilis will be diagnosed and treated by clinics and physicians. Interviews of these patients will yield 87,500 contacts who will be examined for evidence of syphilis. Twelve thousand of these will have syphilis and will be treated and cured. Another 25,000 will be found at risk of developing syphilis and will receive preventive treatment.

2. Forty million blood tests will detect 10,500 patients with infectious syphilis; they will be treated and cured.

Because of our previous activities against syphilis, we expect this vigorous increase in activity will result in a downturn in the syphilis incidence curve in 1973.

We are optimistic about this new initiative. Physicians and other providers of health services at all levels are enthusiastic about the effort. As I said at the outset, a new era in VD control is underway.